

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/543,094

FILING DATE

11/22/05

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3	/						53						
4	31						54						
5	16						55						
6	41						56						
7	16						57						
8	41						58						
9	10						59						
10	41						60						
11	/						61						
12	41						62						
13	<del>41</del>						63						
14	/						64						
15							65						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓		↓		↓		↓		↓		↓	
TOTAL DEP.	11	←		←		←		←		←		←	
TOTAL CLAIMS	13												

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